

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -3 PM 4:02

DOCUMENT # F94000000025 (6)

1. Corporation Name

PITNEY BOWES MANAGEMENT SERVICES, INC.

Principal Place of Business

Mailing Address

**ONE ELMCROFT ROAD
STAMFORD CT 06926-0700**

**ONE ELMCROFT ROAD
STAMFORD CT 06926-0700**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/03/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

13-3587073

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

City & State

City & State

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **RAPOPORT, MICHEL**
STREET ADDRESS **ONE ELMCROFT ROAD**
CITY - ST - ZIP **STAMFORD CT 06926-0700**

11 TITLE **PD**
12 NAME **DAVID J. RUPERT**
13 STREET ADDRESS
14 CITY - ST - ZIP Change Addition

TITLE **SD**
NAME **RIGGS, DOUGLAS A**
STREET ADDRESS **ONE ELMCROFT ROAD**
CITY - ST - ZIP **STAMFORD CT 06926-0700**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE **D**
NAME **HARVEY, GEORGE B**
STREET ADDRESS **ONE ELMCROFT ROAD**
CITY - ST - ZIP **STAMFORD CT 06926-0700**

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE **D**
NAME **ST. MARK, CAROLE F**
STREET ADDRESS **ONE ELMCROFT ROAD**
CITY - ST - ZIP **STAMFORD CT 06926-0700**

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE **V**
NAME **ALBERTI, GILBERT B**
STREET ADDRESS **ONE ELMCROFT ROAD**
CITY - ST - ZIP **STAMFORD CT 06926-0700**

51 TITLE **VT** Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE **AS**
NAME **CORN, AMY C**
STREET ADDRESS **ONE ELMCROFT ROAD**
CITY - ST - ZIP **STAMFORD CT 06926-0700**

61 TITLE **AT** Change Addition
62 NAME **ARLEN F. HENOCK**
63 STREET ADDRESS **ONE ELMCROFT RD**
64 CITY - ST - ZIP **STAMFORD CT 06926-0700**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the registered or former registered agent empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (if reinstated), or set of attached reports with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

ARLEN F. HENOCK ASST TREASURER

3/22/95

DATE

OFFICER'S TITLE

F94000000 25

PB MANAGEMENT SERVICES INC.
OFFICERS & DIRECTORS

Terms of Office 5/94-95

<u>NAME</u>	<u>TITLE</u>	<u>SOC. SEC. #</u>	<u>ADDRESS</u>
	President	081-38-5890	2 Rustic Ln. Westport, CT 06880
Gilbert B. Alberti	V.P.-Treasurer	508-60-4436	44 Old Kings Hwy. Wilton, CT 06897
Douglas A. Riggs	Secretary	519-54-3616	18 Weir Farms Rd. Ridgefield, CT 06877
Amy C. Corn	Assistant Secy.	086-46-4571	8 Colonial Ct. New Canaan, CT 06840
John T. Schmidt	Assistant Secy.	052-38-0910	269 Hollow Tree Ridge Rd. Darien, CT 06820
Barnett Rosenberg	Assistant Secy.	126-34-4486	35 Minute Man Hill Westport, CT 06880
Arlen F. Henock	Assistant Treas.	075-46-8919	44 Talmadge Ln. Stamford, CT 06905

DIRECTORS

Douglas A. Riggs		18 Weir Farms Rd. Ridgefield, CT 06877
David J. Rupert		2 Rustic Ln. Westport, CT 06880
George B. Harvey	578-42-1211	663 Ponus Ridge Rd. New Canaan, CT 06840
Carole F. St. Mark	132-32-4856	99 Sterling Lake Ln. Stamford, CT 06905

Business Address:

Pitney Bowes Management Services, Inc.
1 Elmcroft Rd.
Stamford, CT 06926-0700